

**Comments and Responses on ARC 7369B**  
**Restriction of Medicaid Coverage of Diabetic Equipment and Supplies**  
**Received December 10, 2008**

The following persons and organizations provided written comments, which are included in the summary below:

Jennifer Cook, MD, Blank Children's Hospital, Des Moines  
Diane Irlmeier, RN, CDE, Diagnostic & Critical Care Medicine, Des Moines  
Glen Johnson, vice president, strategic customer group, LifeScan, Inc, Milpitas California

**Open Access**

COMMENT: We ask the state of Iowa to offer open access contracting for diabetes testing supplies. Medical device selection should be based on the clinical decision-making of the health care providers and their patient's specific needs to ensure that people with diabetes get the care and treatment necessary to meet their medical needs without barriers to appropriate blood glucose testing. ...

Contracting with a multitude of manufacturers can provide the state with the savings it needs and at the same time alleviate any disruption to patient care, health care providers, and the state. ... Consideration should be given to the manufacturers offering an array of products, services and support, recognizing the need for all people with diabetes, particularly those minority communities that face health disparities and those with special needs.

Our primary concerns are that limiting the number of manufacturers (1) may limit patient and physician choice of the most appropriate blood glucose monitoring system for the patient and (2) may limit patient access to innovative technology that could improve their diabetes management. (Johnson)

COMMENT: I am pediatric endocrinologist and we have 800 children with diabetes in our practice. It is very important to have blood glucose meters that are accurate, easy to use, and can have the data downloaded into a computer. If we do not have accurate blood sugars, then we can not make the correct decisions on insulin doses. There are meters that meet these criteria and there are meters that do not meet these criteria. I would urge you to choose a meter that uses a small amount of blood, is accurate, and can download at least 150 blood sugars to be analyzed. (Cook)

COMMENT: I work as a CDE and would not like for you to choose a blood glucose monitor for people to use that makes it more difficult to treat their diabetes. There are many meters out on the market that are not downloadable and what this means is here in the office we are not able to print out exactly where there numbers have been. Without numbers it is very difficult to make any adjustments in the patient's treatment.

There are also many meters that are not accurate. The Lifescan (One Touch) or Roche (Accu Chek) meters are both very accurate and easy for patients to use. They are also meters that are easy to download. The Lifescan (One Touch UltraLink) is also a meter that works with

the Medtronic insulin pump which helps the patient to prevent errors in their insulin delivery. I truly believe that it is very important that you consider these things when deciding if you will cover the glucometers and strips and not just cost. (Irlmeier)

RESPONSE: The contracting process is not limited to a single manufacturer nor to a single model of glucose monitor and test strips. Access to the latest technologies will be available. Accuracy, ease of use and the ability to download data to a computer will be ensured through the contract.

### **Effect on Patients**

COMMENT: Limiting the products offered to Medicaid members could further increase the cost of diabetes in Iowa because people with diabetes:

- May be forced to switch to different blood glucose monitors and test strips. Switching products may result in disruption in their diabetes care, creating patient confusion and additional training to a new unfamiliar blood glucose monitoring system that may not be ideally suited to their particular needs.
- May not test appropriately with their new monitoring products, leading to ineffective management of their diabetes. Many people with diabetes have other chronic conditions, often as a result of complications from diabetes, which may accompany impaired manual dexterity, loss of visual acuity and diminished cognitive function. There are a number of testing technologies on the market that have been specifically designed with these limitations in mind. Creating barriers to obtaining these technologies could impact these vulnerable patients with diabetes potentially costly complications such as blindness, lower extremity amputations, and kidney disease.
- May not have access to a bilingual monitoring system, instructions for use and other materials, potentially disrupting their ability to test and understand in their native language. This change can lead to greater dependence on and burden to healthcare professionals and caregivers. For example, some manufacturers may not have labeling and other materials in Spanish. With Hispanics representing 12.8% of the Medicaid population in Iowa<sup>1</sup>, a Spanish language meter may better suit some patients' needs to manage their diabetes.
- May not have access to customer service when they need help. Some manufacturers may not have 24-hour toll free assistance with staffed bi-lingual professionals and Web sites to answer questions about products. (Johnson)

RESPONSE: Learning to use a new monitor is expected to be a simple process for the vast majority of Medicaid members. Prior approval is allowed for members who cannot or should not change to one of the contracted monitors and supplies.

## **Public Input**

COMMENT: Should the state of Iowa proceed and limit the types of blood glucose monitors and test strips provided, we ask the state to include an opportunity for public comment and clinical review prior to making a change. Having this public forum provides the opportunity for the state of Iowa to better understand the differences between diabetes monitoring products and their medical necessity needed for diverse groups of patients.

If the state of Iowa decides to proceed by limiting the number of manufacturers contracted with a rebate agreement, we request that you allow for public and clinical review prior to manufacturer selection to ensure the products selected meet the diverse needs of the Iowa Medicaid members with diabetes and their healthcare practitioners. (Johnson)

RESPONSE: It is anticipated that the blood glucose monitors and test strips selected for coverage will meet the needs of the majority of Iowa Medicaid members. The prior authorization process allows for use blood glucose brands or models and test strips not selected.

## **Test Strips**

COMMENT: It is also important that patient be allowed enough blood glucose strips to adequate amount of testing. Some patients do 10-12 blood glucose tests per day. (Cook)

RESPONSE: The rule does not affect the number of test strips allowed. Medicaid policy allows for the quantity of test strips that are medically necessary. The Medicaid claims payment system currently allows for payment of 10 strips per day. Additional quantities can be obtained by billing the claim through the regular claims process with the “GD” modifier and including documentation of the need for more frequent testing.